

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register's District No. **157**

Primary Registration District No. **3028**

Registrar's No. **186**

62-039173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) CARTHAGE			Length of stay in 1b DOA		c. CITY OR TOWN JASPER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE 1	
3. NAME OF DECEASED (Type or print) First LEONARD		Middle H.		Last HEADLEE		4. DATE OF DEATH Month OCTOBER Day 14 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/15/06	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) JASPER, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HOMER HEADLEE			13b. MOTHER'S MAIDEN NAME LAURA HESTON			14. NAME OF HUSBAND OR WIFE BEALUH PAUGH HEADLEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) YES W.W.I.I ARM				17. INFORMANT Address 9 MRS. L. H. HEADLEE, JASPER, MO.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 1:20 a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) DOA on arrival at hospital per ambulance		20f. CITY, TOWN, OR LOCATION CARTHAGE		COUNTY JASPER	STATE MO.	
21. I attended the deceased from DOA on arrival at hospital per ambulance and last saw him alive on 1:20 P. Death occurred at 1:20 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. H. Headlee, M.D.</i> (Degree or title)				22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.		22c. DATE SIGNED 10/16/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-18-62	23c. NAME OF CEMETERY OR CREMATORY HACKNEY CEMETERY		23d. LOCATION (City, town, or county) JASPER COUNTY, MO.		(State)
24. FUNERAL DIRECTOR ELMER FUNERAL HOME, CARTHAGE, MO.			25. DATE RECD. BY LOCAL REG. 10-18-62		26. REGISTRAR'S SIGNATURE <i>W. H. Headlee</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 26 1962

OCT 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.